

**Arizona Department of Agriculture**  
**National Animal Identification System Premises Registration**  
**(For all Arizona Livestock and Poultry owners)**



**Business/Farm Information:**

Business/Farm Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

(Premises Owner) First Name Middle name Last name

Secondary Contact\*: \_\_\_\_\_

(\* optional) First Name Middle name Last name

Business/Farm mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Business Type\*: ☐ Individual ☐ Partnership ☐ Incorporated ☐ Limited Liability Corporation

(\* check one) ☐ Limited Liability Partnership ☐ Non-profit Organization

\*Operation Type— (Choose All That Apply to the Entire Business)

<input type="checkbox"/>	<b>Production Unit</b> Farm, Ranch, Flock, Feedlot, Hunting, lease hobby Farm, etc	<input type="checkbox"/>	<b>Exhibition</b> Animal Show or Exhibition (e.g. State Fair, National show, etc.)	<input type="checkbox"/>	<b>Non- Producer Participant</b> Records animal info and has no association with the animals. E.g. AIN Manager.	<input type="checkbox"/>	<b>Rendering</b> Location where animals that died at the farm or in transit are processed.
<input type="checkbox"/>	<b>Boarding Facility</b> Location where animals are boarded	<input type="checkbox"/>	<b>Laboratory</b> Location where animals are terminated and carcasses are examined	<input type="checkbox"/>	<b>Port of Entry</b> Location where animals are allowed to enter 'into the United States.	<input type="checkbox"/>	<b>Slaughter Plant</b> Location where animals are terminated for consumption
<input type="checkbox"/>	<b>Clinic</b> Location where animals are examined or treated by a veterinarian.	<input type="checkbox"/>	<b>Market/ Collection Point</b> Livestock market/auction or collection point where animals are sold.	<input type="checkbox"/>	<b>Quarantine Facility</b> Location where animals are quarantined.	<input type="checkbox"/>	<b>Tagging Site</b> Location where animals are tagged with an official USDA- approved ID device
<input type="checkbox"/>	<b>Public Grazing Allotment</b> ⇒ NM Only	<input type="checkbox"/>	<b>BLM</b>	<input type="checkbox"/>	<b>State Land</b>	<input type="checkbox"/>	<b>Other</b> (as required by state)
<input type="checkbox"/>		<input type="checkbox"/>	<b>FS</b>	<input type="checkbox"/>	<b>Tribal</b>	<input type="checkbox"/>	

**Business/Farm Login information (user profile):**

E-mail address\*: \_\_\_\_\_

(\*for confirmation of registration only)

**Producer/Contact Signature\*:** \_\_\_\_\_

**Authorized Agent\*:**

(\* to be completed by authorized agents only)

Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Organization: \_\_\_\_\_

**Premises Information:**

(Primary location where livestock/poultry resides; if you have more than one location and animals are managed separately, you may apply for multiple premises identification numbers)

Premises name/description: \_\_\_\_\_ (example "home place", "heifer place")

Premises Address: Check if same as business/farm mailing address ☐**OR** (if not the same as business/farm mailing address)

Premises Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Premises Type\*: ☐ Producer Unit/Farm ☐ Clinic ☐ Exhibition ☐ Laboratory ☐ Market/collection point(\* check all) ☐ Non-producer Participant ☐ Port of Entry ☐ Quarantine Facility ☐ Rendering☐ Slaughter plant ☐ Tagging siteSpecies at Premises\*: ☐ Cattle and Bison ☐ Swine ☐ Sheep ☐ Goats ☐ Horses ☐ Poultry(\* check all that apply) ☐ Deer and Elk ☐ Llama ☐ Emu

Legal Land Description\*: \_\_\_\_\_

(\* required if no premises address) Township Range Section

GEO or GPS Coordinates\*: Latitude: \_\_\_\_\_ Longitude: - \_\_\_\_\_

(\* Optional)

If mail is not routinely delivered to the Premises Address, please give driving directions from the closest main intersection.

From the intersection of \_\_\_\_\_ and \_\_\_\_\_

Go	<input type="checkbox"/>	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE	<input type="text"/>	<input type="checkbox"/>	Miles	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW					
Then	<input type="checkbox"/>	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE	<input type="text"/>	<input type="checkbox"/>	Miles	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW					
Then	<input type="checkbox"/>	N	<input type="checkbox"/>	NE	<input type="checkbox"/>	E	<input type="checkbox"/>	SE	<input type="text"/>	<input type="checkbox"/>	Miles	<input type="checkbox"/>	Feet
	<input type="checkbox"/>	S	<input type="checkbox"/>	SW	<input type="checkbox"/>	W	<input type="checkbox"/>	NW					
Premises is Located	<input type="checkbox"/>	N	<input type="checkbox"/>	E	Side of the road								
	<input type="checkbox"/>	S	<input type="checkbox"/>	W									

**AZ Brand Number** \_\_\_\_\_